

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

D2 Dixie 9315
State File No.

No. 300
10-48

5820

FILED MAR 23 1954

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 370

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brookfield Town</u>	
c. LENGTH OF STAY (in this place) <u>Six Wks</u>		d. STREET ADDRESS (If rural, give location) <u>0580</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mc-Barney Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LURA</u> b. (Middle) <u>ALICE</u> c. (Last) <u>MENISH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar-14-54</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>R</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec-19-1891</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR (Specify) <u>2 2/3</u> Months	IF UNDER 1 HRS. (Specify) _____ Hours _____ Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Brookfield Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Andrew McKish</u>		13b. MOTHER'S MAIDEN NAME <u>Emma K Standelift</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Geo McKish Brookfield Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma sigmoid colon with generalized abdominal metastases</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>			

19a. DATE OF OPERATION <u>May 23 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of sigmoid with perforation of abdominal metastases in regional lymph nodes</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from May 11, 1953, to March 14, 1954 that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>John R Dixie M.D.</u> (Degree or title)		23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>3-15-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-16-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem Brookfield Mo</u>		24d. LOCATION (City, town, or county) (State) _____	
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DATE REC'D BY LOCAL REG. <u>3-17-54</u>		REGISTRAR'S SIGNATURE <u>Nadene Standback</u>		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>J. H. Blacklock Brookfield Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 20 1956

NOV 16 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

J. L. Blacklock

Licensed Embalmer No. *2246*

P. O. Address *Brookfield Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.